



# EmployeeUPDATE

*Our Mission: To serve the people of North Carolina by enabling individuals, families and communities to be healthy and secure, and to achieve social and economic well-being.*

A month publication for employees of the North Carolina Department of Health and Human Services

## Changes ahead for Caswell, O'Berry and Cherry

# Down east facilities realignment announced

Department of Health and Human Services Secretary Carmen Hooker Odom has announced a restructuring of three down east psychiatric and mental retardation facilities.

The Goldsboro-based O'Berry Center and Cherry Hospital have entered into an alliance to improve administrative and clinical services by combining these services. Cherry Hospital will continue in its function as a psychiatric facility.

In addition, the O'Berry Center will now serve as eastern North Carolina's center for people with developmental disabilities who have been dually diagnosed with mental health illnesses. The Caswell Center in Kinston will serve as the primary residential center for eastern North Carolinians with a single diagnosis of severe developmental disabilities.

Under the new organization alliance, O'Berry Center and Cherry Hospital will consolidate administrative support, budget and human resource functions at both facilities immediately. All other services will be consolidated in July 2004. Neither facility will close.

"We are absolutely committed to ensuring that current O'Berry patients continue to receive the best possible care, said Secretary Hooker Odom. "We have always provided a high-quality of care, and we will continue to

do so. But, we will work with families to find more appropriate community care when possible."

Planning for the alliance will be led by a committee, which will include employee and family representation. "We want the employees and the families of those we serve at these facilities to help plan for the future," said Hooker Odom.

The alliance will result in a reduced number of positions, but it is expected that these reductions can be achieved through normal attrition. No immediate reduction in force is expected, and it is hoped that kind of action will never become necessary. Both facilities routinely have a couple of dozen vacancies every month.

With the alliance in place, each vacancy will be studied to see if it should be filled, realigned to deal with the

new management structure, or abolished. The department will also work with other state facilities in the area to facilitate

employment of DHHS employees at those sites. Money saved in this process will be used to provide community services for people with mental health issues.

Administrative support, budget and human resource functions at both facilities will be consolidated immediately. All other services will be consolidated in July 2004. Dr. Jerry Lyall, who is currently O'Berry

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named**



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## Secretary's Letter

# Changing focus to meet needs at core of mental health reform

Dear DHHS Employee,

Already we're making great strides in 2004. At the end of January we announced an exciting new plan for our eastern North Carolina mental health facilities.

O'Berry Center and Cherry Hospital will enter in an alliance to improve administrative services. Administrative support, budget, and human resource functions will be consolidated immediately. Professional services will be consolidated in July 2004.

We have two facilities with similar staff, providing similar services to different populations. Combining the skills and strengths of both facilities will improve services while maintaining the integrity of the unique aspects of both programs.

As we move forward with mental health reform, this alliance will also help us to fill a crucial service gap for people who are both developmentally disabled and also suffer from other severe forms of mental illness. Currently, there is no state facility aimed at people with this kind of dual diagnosis. Allying the developmental



disabilities facility with the psychiatric hospital will allow the state to create a place for people who need this kind of residential care. This is exactly the kind of service the state should be providing. This facility will serve as a model both for North Carolina and the nation. The new allied facilities will accept people who have a dual diagnosis of developmental disabilities and mental illness, and Cherry Hospital will continue to serve people who need acute psychiatric care

O'Berry will not accept any new patients who have a single diagnosis of developmental disabilities, but current patients will stay in the facility until their guardians and family concur with placement in the community or in another residential facility.

Caswell Center, which is located in Kinston, will become the primary residential center for eastern North Carolinians with a single diagnosis of severe developmental disabilities.

This is a great opportunity for all three facilities. This is exactly what mental health reform is all about – changing our focus to meet the different needs of the 21<sup>st</sup> century.

Sincerely,

Carmen Hooker Odom



**Jalil Isa**  
*¡Salud y Saludos!*

## Myths are part of Hispanic culture

I have found myself talking a lot to Hispanic media about the flu lately. With the press coverage that has swept the country regarding this latest flu outbreak, there is little doubt the disease has been on the minds of many parents. As I use various media outlets to try to spread the message about the need for everyone to take basic precautions to lower their risk of getting sick, I also find myself dispelling myths. What myths you may ask?

Actually, I have been overlooking many commonly held beliefs that are as much a part of the Latino culture as rice and beans may be. There are a number of beliefs sewn into the Hispanic culture that play a huge role in their overall health. Of course, the very existence of myths surrounding health is in no way isolated to any one culture. We've all heard our parents remind us "not to leave the house without a jacket...or we're liable to catch a cold."

This, too, is a very common phrase you'll hear in Latino households – well, unless you're farther south or in the hotter climate zones of Latin America. In those places, you may instead hear "don't forget your umbrella...or you may catch a cold."

In fact, those of us who work in health may know that colds are actually caused by viruses, which means we can't *actually* 'catch' it from cold water (unless perhaps you drink water that someone has sneezed on...ok, I'm thinking way too much about this). But like this example there are many others. Sudden change of weather or temperature, walking with bare feet, being improperly dressed for the weather and getting wet are all associated with potential illness in many countries.

In fact, I remember having my mother tell me when I was young, "don't stand in front of the refrigerator" after walking inside all sweaty from a day of playing under the hot Miami sun. And I can sure envision her yelling at me, telling me I'm nuts for going out in the icy weather we've had lately without the proper layers of clothing. Or for going out in the recent batch of snow we had and doing a snow angel with only a golf shirt on (I have pictures to prove it!).

In my case, I *may* be nuts...but it's for more reasons than just going out in these environs without enough warm clothes. I, for one, love this weather. We can speculate on the reasons why correlations may be drawn between the weather and health. But science has, so far, proven climate not to directly cause a cold. Nor has science definitively proven herbal medicines to fight off the cold.

Latinos, by and large, have been influenced by native or indigenous beliefs surrounding health, as well as African and Spanish culture. It is this hodgepodge of different backgrounds which has evolved into what many now view as the realities about their own bodies. And you might be surprised at some of the notions people have about the role the world – and universe, for that matter – have on their well-being. For instance, I remember my mother telling me that a cousin had a disfigurement as a result of that cousin's mother going outside during an eclipse while she was pregnant with her. Many Latinas believe that that exposure of a pregnant woman to an eclipse will cause her infant to have a cleft lip or palate. It may sound ludicrous, but the indigenous populations have long believed the earth and heavens play a big role in one's well-being. These views have influenced non-indigenous Hispanics.

Then there are the children I remember seeing with a cone of paper stuck in their ear – burning the paper is thought to suck out bad air and relieve earaches.

When I was young, my grandmother gave me a charm to put on a neck chain. It looked like a black pebble. This charm – which in some cases could also be a small eye worn on the chain – was supposed to ward off *mal de ojo*. This is a condition where you become ill as a result of excessive compliments or envious looks from others.

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# Center named in honor of Iverson Riddle

For 40 years, Dr. Iverson Riddle served as the guiding force behind Western Carolina Center. Those efforts have been recognized with the renaming late last year of the Morganton facility as the “J. Iverson Riddle Developmental Center.”

The center opened in 1963 and is one of five state residential facilities for people with mental retardation and related disabilities. Riddle, a native of Morganton, has been at the helm of the center since before it opened.

In naming the center in December, DHHS Secretary Carmen Hooker Odom recognized Riddle’s lifetime commitment to the center, its residents and their families.

“Your capabilities are respected on a national level,” she said at a ceremony in December. “The programs and research at Western Carolina Center have made vast contributions to the treatment of developmental disabilities.

“The first time I visited the center, I was struck by what an incredible vision Iverson had in making the center a reality,” she added. “By any measure, the J. Iverson Riddle Developmental Center is a showcase – providing a supportive environment for people with mental retardation. You can see it in the faces of the residents. You can see it in the effort put forth by a staff absolutely dedicated to this vision. One man’s vision has equaled happier lives for the people who have lived here and their families.”

Riddle said the name change came as a surprise and that he was “stunned, humbled, overwhelmed, speechless - for the first time ever, and deeply appreciative.”

He said that after nearly a half century of working for the state, he now finds himself “re-invigorated, and with renewed hope that in these trying and even critical times, ways can be found that exemplify quality and will meet

the needs of persons with severe challenges and their families. To this end I pledge myself and this newly named Developmental Center.”

During four decades under Riddle’s leadership the center compiled an impressive list of “firsts,” for a residential mental retardation center, including:

- The nation’s first Residential Advocacy Program, which is now both a federal and state requirement for such facilities;
- The first Human Rights Commitment in the Southeast;
- The first state-funded early intervention program;
- The first residential fine arts program for people with mental retardation (residents of the center have displayed artwork at major galleries across the country);
- The first group home east of the Mississippi;
- The first Volunteer Services Program;
- The first institutional Covenant Center for research and development of religious and ministry services for people with severe, multiple handicaps;
- The first pet therapy program; and,
- The first equestrian program for people with multiple handicaps.



Iverson Riddle



# Some DHHS employees can expect a little extra in spring paychecks.

Nearly 900 Department of Health and Human Services employees can expect a pay raise in the coming months.

Pay increases will be given to about 400 employees in lower paid positions such as food service assistants, housekeepers, cooks and general utility workers at mental health institutions, and resident life attendants at DHHS schools.

Employees in good standing earning less than \$18,312 annualized salary, are eligible for this increase. Supervisors will notify employees who will receive raises

in the next few weeks. Qualified employees can expect the increase to show up in their paychecks starting this spring.

Raises ranging up to 10 percent will also be given to about 500 direct care nurses working in state mental retardation centers, the Special Care Center and Alcohol and Drug Abuse Treatment Centers who did not receive increases from range revisions in December 2001, when they were first eligible. These raises were the department's number one priority request from the Salary Adjustment Fund. ■

*Contributed by Eliza Drury, a senior at N.C. State University majoring in communications.*

## Board Certified Teachers

# DHHS teachers receive National Board Certification

Eleven DHHS teachers achieved certification during the 2003 certification cycle as Nationally Board Certified Teachers by the National Board for Professional Teaching Standards (NBPTS).

"We have an outstanding group of teachers working in our programs," said Cyndie Bennett, superintendent of the Office of Education Services. "This certification will help to enhance our children's educations throughout our schools."

The teachers certified this year teach in programs across the state include: Jeffrey T. Federman, Wright School in Durham; Theresa A. Barrett, Patricia A. Babin, and Jacquelyn Y. Simms, Western Early Intervention Program for Children who are Deaf or Hard of Hearing in Morganton; Linda M. Stanley and Lisa M. Smith, Caswell Center in Kinston; Regina D. Byrd and Leah E. Brackett, Iverson Riddle Center in Morganton; Elizabeth R. Lawson, Spring Hill School in Butner; Karen Fulp, Governor Morehead Preschool in Raleigh, and Millie R. King, N.C. School for the Deaf in Morganton.

Teachers in all DHHS educational programs are eligible to participate if they hold a continuing North Carolina teaching license, have been employed by the state for at least 3 years and are in a state-paid position.

The 11 newly certified teachers bring the total across DHHS to 19. Currently, there are 6,646 National Board Certified teachers in North Carolina, more than any other state. There are more than 32,000 National Board Certified teachers in the United States.

Founded 16 years ago, NBPTS is an independent, nonprofit, nonpartisan, and non-governmental organization dedicated to advancing the quality of teaching and learning. National Board Certification is the high credential in the teaching profession. A voluntary process established by NBPTS, certification is achieved through a rigorous performance-based assessment that takes between one and three years to complete and measures what accomplished teachers should know and be able to do. ■

# Parrish receives award

Karen Parrish, a speech-language pathologist in the Office of Education Services, is the 2003 recipient of the Tribute to the Legacy of Dr. Daniel Ling award.

The award was presented last fall by the North Carolina chapter of the Alexander Graham Bell Association. The chapter established the award in memory of the late Dr. Daniel Ling, a pioneer in the field of teaching children who are hearing-impaired to listen and talk. Ling developed teaching strategies and techniques to assist children with all degrees of hearing loss to develop spoken language. He was the author of numerous publications and trained professionals. Ling was an advocate for children and families and worked tirelessly throughout his career to ensure that children with hearing loss reached their listening and speaking potential.

Like Ling, Parrish is a therapist and mentor to aspiring professionals in the auditory-verbal approach. Following graduation from Appalachian State University, she began

her career in 1979 with Lee County Schools where she first worked with deaf and hard of hearing children.

Following completion of graduate school at the University of North Carolina at Greensboro in 1980, she continued her work at the Central North Carolina School for the Deaf in Greensboro. Parrish practiced as a speech-language pathologist as a member of a cochlear implant team with Dr. Eric Kraus in Greensboro and later began her own private practice, Pediatric Speech and Language Services. She is a founding member and former president of the North Carolina Alexander Graham Bell Association.



Karen Parrish

In September 2003, Parrish joined DHHS in the Central North Carolina Early Intervention Program for Children Who Are Deaf or Hard of Hearing. She works with children ages birth to three years and their families. She also plays a key role in coaching and training other professionals in North Carolina. Like Ling, Parrish is constantly seeking better ways to open the doors of communication for children with hearing loss. ■

## Myth, continued from page 3

There's also the *empacho*. This condition arises when food gets stuck on the walls of the intestine. Treatment may consist of giving the child herbal tea (usually mint) and one teaspoon of olive or resin oil, massaging the stomach and back, and then pulling the skin along the spine three times in three different areas. I remember my father asking his grandmother once to do this for my step-brother. Sure enough, the way my father recounts the story my brother miraculously became better after a massage from the proper hands.

Latinos also have a long tradition of seeking the services of folk healers. These *curanderos* will use non-traditional medicines to relieve many maladies. *Yerberos*

(herbalists) and *sobadores* (masseuses) or *santiguadores* (persons who do massage in the name of a saint) are also occasionally employed.

I know much of this might not make sense and may even sound a bit ludicrous. But it is these beliefs that create one of the many fabrics of a culture. Just as we would expect others to respect our firmly held beliefs, the same courtesy should be extended when it comes to others' cultural viewpoints. Equally important, insight into these beliefs are an important part of the overall recipe used by modern day practitioners of medicine to help treat Hispanics in our community. ■

*Jalil*

# Fuquay named director of Medical Assistance

Gary Fuquay was appointed director of the Division of Medical Assistance in January. He had been acting director since May.

“Gary has shown that he is exactly the person we need at the helm of this division,” said Secretary Carmen Hooker Odom. “He is a consummate professional, with a wonderful sense of humor, who can work through the toughest issues with unflagging grace, goodwill and good humor. With Gary at the helm, DMA promises to have a leadership team that is topnotch, able to successfully address the myriad of challenges that arise daily in a complex organization like DMA.”

Fuquay has more than 25 years of service in state government. “To say this job comes with challenges is such an understatement,” he said. “Under increasing public scrutiny, we’re moving forward with new initiatives to



Gary Fuquay

save money and serve our Medicaid clients better. I’m proud of the management team we’ve assembled, and grateful for all the hardworking employees who understand that their jobs really do make a difference for some very needy people in our state.”

A graduate of N.C. State University, he began his career in the Office of the State Auditor. In 1983, he joined DHHS as assistant controller for the Division of Mental Health. He later served as assistant director for Budget and Management in the Division of Social Services and assistant controller, before becoming DHHS controller in 2000.

In October, the N.C. Office of State Budget and Management selected him to be the recipient of the Barry K. Sanders Award, which is presented annually to a state fiscal manager for outstanding contributions and services to budgeting in state government. ■

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director, will become director of the allied services at that time. Dr. Jerry Edwards, who is currently Cherry director, will serve as a special deputy for the management transition. Edwards plans to retire in February 2005.

Populations of both facilities have dropped in the past years due to efforts to move patients from institutional care to community care. That trend is expected to continue.

“That’s going to leave us with a lot of empty buildings at both facilities,” said Hooker Odom. “For the most part, Cherry facilities are six to seven decades old, while the

O’Berry facilities are much newer. This move will allow us to look at space across both campuses and use the best space efficiently and effectively.”

Cherry Hospital currently serves eastern North Carolinians with severe mental health problems. O’Berry serves eastern North Carolinians with severe developmental disabilities. In fact, both facilities functioned as a single entity from 1880 when Cherry Hospital opened until 1957, when O’Berry opened and the developmental disabilities services were moved out of Cherry. Caswell Center opened in 1914. ■

## Adoption Profile

## Introducing Andrew...

Andrew is a cute, fun-loving little boy with a mischievous smile. He is very friendly and never meets a stranger. One of Andrew's favorite things to do is put mousse in his hair and spike it up with his hand. He loves to play games, play in the water and be involved in any activity that is taking place. Andrew likes cartoons, singing, high-fiving when he does something good, and he wants to be Spider Man when he grows up.

Andrew attends a specialized classroom at school where he is better able to control his conduct and stay focused in school without so many distractions. He also has an individual aide who redirects him when necessary. Andrew is very smart and does well in school, academically, when he puts forth the effort. He has made a lot of progress in his behaviors, but he will need to continue being assessed and working to control his emotions and actions.



Andrew  
b. Jan. 7, 1996

## A Family for Andrew

Andrew is a child with a great deal of charm and talent. He has the potential to do anything he wants to do in life. He will participate in any activities that a family does. He is kind hearted, bonds easily, adjusts very well and loves animals. Andrew requires a lot of attention. While he has always been placed with other children, he would likely do best as the only child or with only one other child in the family. His parents can then help him feel safe and have more time to nurture his feelings and emotions. The adoption process will need to be slow and allow everyone to get to know each other well. Andrew's adoptive

parents must accept him and love him as he is and continue his counseling.

For more information on this child or adoption and foster care in general, call NC Kids toll free at 1-877 NCKIDS-1 (1-877-625-4371).